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CONFIRMATION NO. 9260

<b>SERIAL NUMBER</b> 09/921,497	<b>FILING OR 371(c) DATE</b> 08/06/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1641	<b>ATTORNEY DOCKET NO.</b> MSE #2198.1	
<b>APPLICANTS</b> David A. Brock, Elkhart, IN; <b>** CONTINUING DATA *****</b> This application is a DIV of 09/259,353 03/01/1999 PAT 6,297,020 <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 08/20/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>Examiner's Signature</u> <u>Initials</u>		<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 10	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> Elizabeth A Levy Bayer HealthCare LLC Two Edgewater Drive Norwood, ,MA 02062					
<b>TITLE</b> DEVICE FOR CARRYING OUT LATERAL-FLOW ASSAYS INVOLVING MORE THAN ONE ANALYTE					
<b>FILING FEE RECEIVED</b> 1010	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		